STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Kinzinger for Congress PO Box 2365 ADDRESS (number and street) (Check if address is changed) Ottawa 61350 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kinzinger@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.electadam.com (Check if address is changed) DATE 05 2018 C00458877 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Kilgore, Paul, , Mr., Type or Print Name of Treasurer Kilgore, Paul, , Mr., [Electronically Filed] 04 08 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE e Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Com information below.)	plete the candidate
Name Cand		Kinzinger, Adam, , ,	
Candi Party	idate Affiliati	on REP Office Sought: X House Senate President	State IL District 16
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Part	y Con	nmittee:	
(d)			(Democratic, Republican, etc.) Party.
Polit	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC 5 1 /D :	nad 02/2000)	D 2
FEC Form 1 (Revis		Page 3
Kinzinger for		
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Represen	itative, or Leadership PAC Sponsor
ADAM KINZINGER	- FUTURE 1ST COMMITTEE	<u> </u>
Mailing Address	PO BOX 2381	
Mailing Address		
	OTTAWA	
	CITY ST.	TATE ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee 🗴 Joint Fundraising Repr	resentative Leadership PAC Sponsor
. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of	f the person in possession of committee
	e, Paul, , Mr.,	
Full Name	,824 S Milledge Ave Ste 101	
Mailing Address		
	Athens	SA 30605
Title or Position	CITY STA	TE ZIP CODE
Treasurer	Telephone number	706 - 534 - 7780
Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the comg., assistant treasurer).	nmittee; and the name and address of
Full Name Kilgore	e, Paul, , Mr.,	
Mailing Address	824 S Milledge Ave Ste 101	
Ü		
	Athens	GA 30605
Title or Position	CITY STAT	TE ZIP CODE
Treasurer	Telephone number	706 - 534 - 7780

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Full Name of Designated Agent Good	ode, Michael, , ,	
Mailing Address	824 S Milledge Ave Ste 101	
	Athens GA	
Title or Position Assistant Treasurer	Telephone number	706 - 534 - 7780
	acitarias. List all banks or other densitaries in which the committee de	eposits funds, holds accounts, rents
Banks or Other Deposit boxes of	ositories: List all banks or other depositories in which the committee de or maintains funds.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Banks or Other Depos safety deposit boxes of Name of Bank, Depos	or maintains funds.	,
safety deposit boxes of Name of Bank, Depos	or maintains funds.	
safety deposit boxes of Name of Bank, Depos	or maintains funds.	
Name of Bank, Depos	or maintains funds. sitory, etc. rst State Bank	
Name of Bank, Depos	or maintains funds. sitory, etc. rst State Bank 1212 La Salle Street	IL 61350-2023
Name of Bank, Depos	or maintains funds. sitory, etc. rst State Bank 1212 La Salle Street	IL 61350-2023
Name of Bank, Depos	or maintains funds. sitory, etc. rst State Bank 1212 La Salle Street Ottawa CITY STAT	IL 61350-2023
Name of Bank, Depos Mailing Address Name of Bank, Depos	or maintains funds. sitory, etc. rst State Bank 1212 La Salle Street Ottawa CITY STAT	IL 61350-2023
Name of Bank, Depos Mailing Address Name of Bank, Depos	or maintains funds. sitory, etc. rst State Bank 1212 La Salle Street Ottawa CITY STAT	IL 61350-2023
Name of Bank, Depos Mailing Address Name of Bank, Depos	or maintains funds. sitory, etc. rst State Bank 1212 La Salle Street Ottawa CITY STAT	IL 61350-2023
Name of Bank, Depos Mailing Address Name of Bank, Depos	or maintains funds. sitory, etc. rst State Bank 1212 La Salle Street Ottawa CITY STA sitory, etc. ne Bank of Tampa 601 Bayshore Blvd	IL 61350-2023

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g) c	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	C
6.	Name of Any Connected The Governing Le	Organization, Affiliated Committee, Joint Fundral	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address	610 S. Boulevard		
		Tampa	, , FL	33606
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	y by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		1		
	TITLE OR POSITION	▼ CITY ▲	STATE A	ZIP CODE ▲
	TITLE OR POSITION	•		ZIP CODE A
	Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or other depositories in which the	STATE ▲	
	Banks or Other Deposito	ries: List all banks or other depositories in which the	STATE ▲	
	Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or other depositories in which the	STATE ▲	
	Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the	STATE ▲	
	Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the	STATE ▲	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi			
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
COUNTRY FIRS	T		
Mailing Address	PO BOX 2385		
	OTTAWA		61350
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connect	ad Organization Affiliated Committee	t Fundraising Dangasant	stive Leadership DAC Co
	ed Organization Affiliated Committee	t Fundraising Representa	Leadership PAC Sp
		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Spatial Leadership PAC
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY To	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY To	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit affety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY To	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit affety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY To	STATE A	ZIP CODE A